

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the fo	llowing type: (check one	e applicable item below)		
⊠ original	□ design	□ supplemental		
☐ divisional	□ continuation	□ continuation-in-part (CIP)		
INVENTORSHIP IDENTIFICATION				
My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
Title Of Invention: Fiber Dispersant-Containing Systems				
SPECIFICATION IDENTIFICATION				
the specification of which: (complete (a), or (b)				
number and title.		ein by name of inventor(s), attorney docket rial No or Express Mail No. (if applicable).		
ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.				
I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.				
POWER OF ATTORNEY				
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number.)				
Teresan W. Gilbert, 31, Michael F. Esposito, 29 Samuel B. Laferty, 31,5	,506	Jason S. Fokens, 56,188 David M. Shold, 31,664		

SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION
Patent Administrator - Mail Drop 022B
29400 Lakeland Boulevard
Wickliffe, Ohio 44092-2298

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Jason S. Fokens

Telephone: (440) 347-5913 E-mail: jsfo@lubrizol.com

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor	John S. Manka		
John	S.	Manka	
(GIVEN NAME) (M.	IIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)	
i j	by Illa	nd	
Date <u>4/28/05</u>	Country of Citizenship	U.S.	
Residence Chardon, Ohio, U.S.A.			
Post Office Address 10440 Penniman Drive, Chardon, Ohio 44024, U,.S.A.			
Full name of second joint inventor, if any <u>John M. Lesniewski</u>			
John	M	Lesniewski	
(GIVEN NAME) (N	IIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)	
Inventor's signature John M. Henewster			
Date <i>5/02/05/</i> Country of Citizenship <u>U.S.</u>			
Residence Richfield, Ohio, U.S.A.			
Post Office Address <u>4124 Hart Road, Richfield, Ohio 44286, U.S.A.</u>			